





PROGRESS SHEET - APPLICATION FOR CHANGE ON:

WRIA 39	C34-00755 CTCL		COUNTY KITTITAS
NAME: Kittitas Reclam	mation District PHONE:		
ADDRESS: PO Box 276	E11en City	sburg WA State	98926 ZIP
PURPOSE OF APPLICATION: TRUST			
Original Right Holder:	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
			fee received: ()Yes ()No
Statement of additional exam	n fee \$	Sent	Received
PUBLICATION: Approved by:		Date	
CONSULTED AGENCIES: DOH DOW date	DOF	USBR	TRIBES date
PROTESTS:	By: Name		
date	By:Name		
date	By:Name		
Affidavit received:	Check	ed by:	P.P. time expires:
date = 0 4-25-01			date
Report written by: Date Report Sent:			
Beginning of Construction:		MENT SCHEDULE	Date received:
boginning of concadouon.	Extensions:		<u></u>
Completion of Construction:	Date sent:Extensions:		Date received:
Proof of Appropriation:	Date sent:		Date received:
Date well report(s) received: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
DATE APPROVED FOR CHA	NGE:	BY: _	
 () Superseding Permit () Superseding Certificate () Certificate of Change (on claims) Vol. 1-4, Page			
Date certificate fees requested: Date received:			
DATE CHANGE ISSUED:			
REMARKS: Anight permit expired 12-31-2001. Change Cancellal 02-27-2002. Sa			